

215047737
70263

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 116	Agency Case No. B5-107355	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 4
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 11/18/2015		TIME OF ACCIDENT	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1537	11/18/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. NORTH HILL RD		PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	20		IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN			
V2/M	20		MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN			
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
2	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V1/N	1	DRIVER ADDRESS CITY, STATE, ZIP		PHONE	LOCAL NO.	
V2/N	1	OWNER UNKNOWN		PHONE	LOCAL NO.	
G	2	OWNER ADDRESS CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
H	5	LICENSE PLATE NO. UNKNOWN	YEAR (Plate Expires)	STATE (Of Plate)		
V1/O	5	VEHICLE YEAR MAKE MODEL BODY STYLE COLOR ESTIMATED DAMAGE	Unknown Unknown Unknown body unknown <input type="checkbox"/> TOTALED \$			
V2/O	1	VEHICLE ID NO. (VIN)	TOWED BY		INSURANCE COMPANY UNKNOWN	
I	7	VEHICLE NO. 2				
V1/P	8	DRIVER UNOCCUPIED		PHONE	LOCAL NO.	
V2/P	8	DRIVER ADDRESS CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.	
J	01	OWNER ADDRESS CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/Q	4	LICENSE PLATE PA NO. SPF520	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE
V2/Q	3	VEHICLE YEAR MAKE MODEL BODY STYLE COLOR ESTIMATED DAMAGE	1995 Acura Integra 2 door Sedan turquoise <input type="checkbox"/> TOTALED \$ 300			
K	01	VEHICLE ID NO. (VIN)	TOWED BY		INSURANCE COMPANY PROGRESSIVE	
		TOWED TO		POLICY NO. 900348563		25
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)
VEH. #	NAME	ADDRESS		1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME		4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS		EMS RUN REPORT NO.		
	LOCAL NO.	MEDICAL FACILITY NAME		EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS		EMS RUN REPORT NO.		
	LOCAL NO.	MEDICAL FACILITY NAME		EMS RUN REPORT NO.		

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

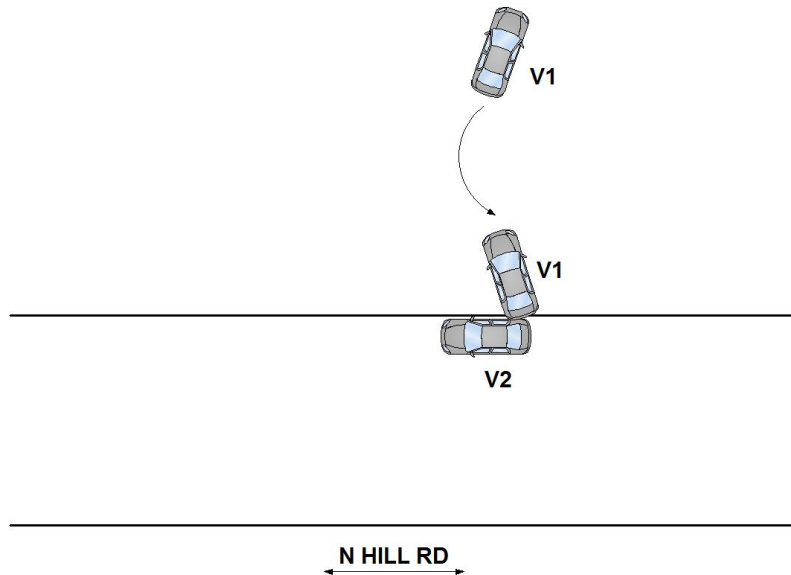
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107355



Indicate
North
by Arrow

**POI: 311'4" W of W curb of
the private drive leading to
Planet Fitness
in line with N curb of N Hill
Rd
AGL damage: 2'1" to 3'
Width of tire tracks: 5'7"
No paint transfer on V2**



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V2 was parked on N Hill Rd facing WB between the private drive leading to Planet Fitness and N 27th St at approx 0730 hrs on 11-17-15. He returned to it at approx 1400 hrs to find an unk vehicle collided with the passenger side. The owner of V2 reported there had been a black Dodge Ram pickup parked facing NB in the field just north of V2. There were tire tracks in the mud of this field that could have indicated the path of a vehicle before it collided with V2. The owner of V2 believed this black truck was responsible, as he remembered it had been parked there. He had no license plate or other description of the truck. V1 and DV1 are unknown at this time.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS								
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)															
1	X				FIELD																			
2				X	NORTH HILL																			
1	02				06 Turning left																			
2	10				08 Entering traffic lane																			
01 Essentially straight ahead					09 Leaving traffic lane					00 None					02					03				
02 Backing					10 Parked					09 Top & windows					01					05				
03 Changing lanes					11 Slowing or stopped in traffic					10 Undercarriage					08					07				
04 Overtaking/ Passing					12 Other					11 Total (all areas)					06									
05 Turning right					13 Unknown					12 Other														

OFFICER NO. 1570	TROOP/ TEAM/ BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Christopher Vigil		INVESTIGATOR SIGNATURE Approved by Officer Christopher Vigil	DATE OF REPORT 11/18/2015